

116000009459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

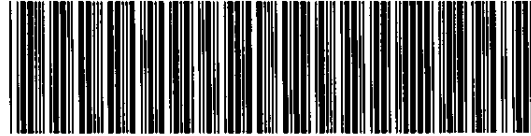
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Document corrected Per
Conversation with
Jeff Norris (Attorney)

Will-74408

Office Use Only



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10/31/16--01030--004 **125.00

FILED
2016 NOV 21 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 28 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2016

JEFFREY NORRIS, ESQ.
NORIS LAW OFFICE
405 E MAIN ST.
WASHINGTON, IN 47501 US

SUBJECT: HARRY KNEPP, LLC
Ref. Number: W16000074408

RECEIVED
2016 NOV 21 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HARRY KNEPP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 316A00023614



October 27, 2016

17082-1

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: **Harry Knepp Properties, L.L.C.**

Dear Sir/Madam:

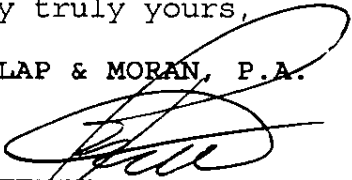
Enclosed herewith for filing is the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, in connection with the above-referenced Indiana limited liability company.

Also, **enclosed** please find a check in the amount of \$125.00, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.



Ryan A. Featherstone, Esq.

NORRIS LAW OFFICE
405 EAST MAIN STREET
WASHINGTON, INDIANA 47501-2917

JEFFREY R. NORRIS†

JACOB A. VENDERLEY
ALIK K. HALL

†REGISTERED CIVIL MEDIATOR

TELEPHONE (812) 254-2740

FAX (812) 254-4572

jnorris@jnorrislaw.com

November 17, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: HARRY KNEPP PROPERTIES, LLC
Ref. Number: W16000074408

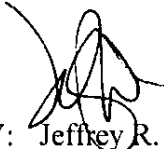
To Whom It May Concern:

I have enclosed the following documents respecting the above-referenced matter:

- 1) Certificate of Existence dated November 17, 2016; and
- 2) Florida Department of State, Division of Corporations, letter dated November 2, 2017.

If you need further information or have any questions, please do not hesitate to contact me.

Sincerely,
NORRIS LAW OFFICE


BY: Jeffrey R. Norris,
Attorney at Law

JRN/lls
Enclosures
Cc: File

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Harry Knepp Properties, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jeffrey Norris, Esq.

Name of Person

Norris Law Office

Firm/Company

405 E. Main Street

Address

Washington, IN 47501

City/State and Zip Code

jnorris@jmorrislaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Featherstone

941

366-0115

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Harry Knepp PROPERTIES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. 10/13/16

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6054 E. 200 N.

Montgomery, IN 47558

(Street Address of Principal Office)

6. 6054 E. 200 N.

Montgomery, IN 47558

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ryan Featherstone, Esq.

Office Address: 22 S. Links Ave., Suite 300

Sarasota, Florida 34236
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Ryan A. Featherstone

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Harry Knepp, Authorized Member

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Harry Knepp

Typed or printed name of signee

FILED
2016 NOV 21 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

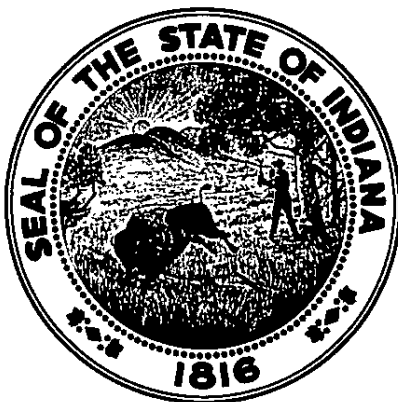
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HARRY KNEPP PROPERTIES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 03, 2016, and was in existence or authorized to transact business in the State of Indiana on November 17, 2016.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 17, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201610031161201 / 2016153461

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

FILED
2016 NOV 21 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA